STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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Testimony by Miriam Delphin-Rittmon
Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee

Good Morning Senator Gerratana, Senator Somers, Representative Steinberg, and distinguished members of the Public Health Committee. I am Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to testify on Proposed House Bill 7010, AN ACT CONCERNING OPIOIDS AND SUBSTANCE USE DISORDERS. I applaud the Committee's interest in addressing the opioid crisis impacting our state.

DMHAS provides several levels of inpatient care for individuals with substance use disorders. These include residential rehabilitation, with stays between thirty days to six months , and detoxification. Detoxification may be medically monitored or medically managed. Individuals leaving inpatient care are referred to a wide array of treatment and recovery services funded by our agency. These include partial hospitalization, outpatient counseling, medication management and a wide array of recovery supports.

DMHAS is committed to providing the most appropriate level of care to people with substance use disorders. Current statute has provisions that allow individuals to be temporarily involuntarily committed to emergency treatment for five or less days. These emergency commitments do occur.

DMHAS is concerned that this language as proposed is broad related to overdoses and individuals rights could be protected by the inclusion of additional parameters. For instance, would a history of overdose or naloxone administration, at any point in time in person's history, be grounds for involuntary commitment? And would a person's engagement in treatment and recovery supports be taken into consideration in light of the relapse before an emergency room doctor orders an involuntary commitment?

DMHAS is additionally concerned that removing the waiver that requires a person need not be intoxicated at time of application may adversely affect the ability of some individuals to access detoxification services.

Admission to any level of care is based on a widely accepted national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. This American Society of Addiction Medicine (ASAM) criterion has been in place across the county since the 1980's.

The application of these criteria during an assessment or screening by a trained professional allows for placement in the most appropriate level of care and adequate access to services. For example, detoxification is appropriate for those intoxicated or experiencing severe withdrawal symptoms, but inpatient care such as residential rehabilitation is more appropriated for those who have tested positive for an illegal drug, but are not currently intoxicated. Similarly, an individual who has tested posted for naloxone or another opioid antagonist, may be appropriately admitted to residential rehabilitation. Section 2 of this bill currently broadly requires that any "rehabilitation facility" must accept a patient trying to be admitted if they are intoxicated, test positive for an illegal drug, or test positive for naloxone. As "rehabilitation facility" is undefined, and each of those three circumstances may require a different level of care, we have concerns with the bill as currently written. We would welcome the opportunity to discuss with the chairs the application of ASAM criteria for admission into substance use treatment facilities and programs, and whether there is a need for clarification in the statutes.

DMHAS and the individuals in the recovery community have long advocated that outreach and engagement in treatment and the recovery process, rather than involuntary commitment yields the most positive outcomes related to substance use disorders. DMHAS is currently working to expand outreach and engagement in several hospital emergency departments. These pilot efforts include the use of mobile outreach clinicians and peer recovery specialists engaging with people following overdose treatment. Early anecdotal information indicates positive results. I look forward to sharing more information on these pilot projects as results become available.

Thank you for your time and attention to this matter. I would be happy to answer any questions at this time.